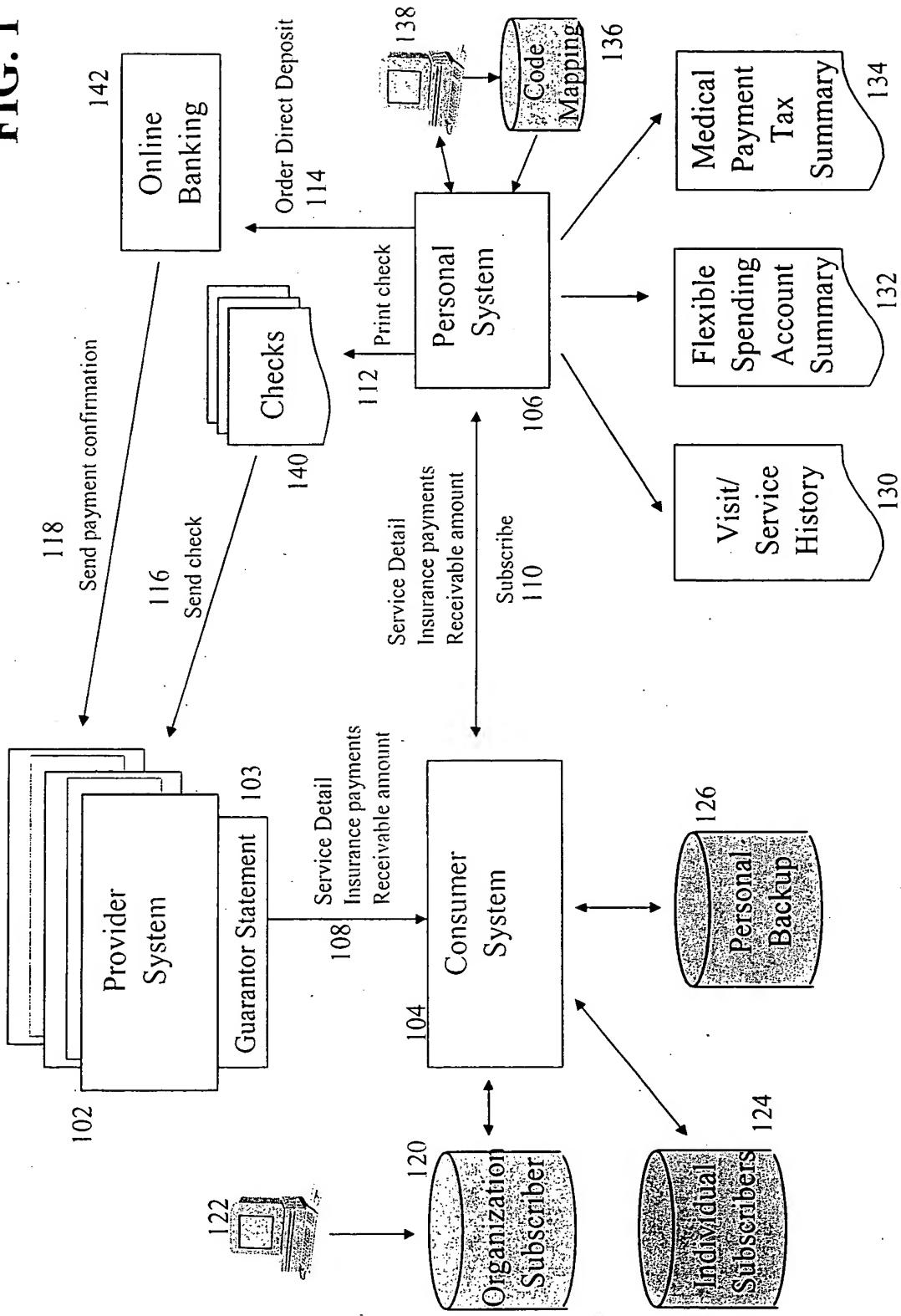


100 Personal and Healthcare Data Financial Management System

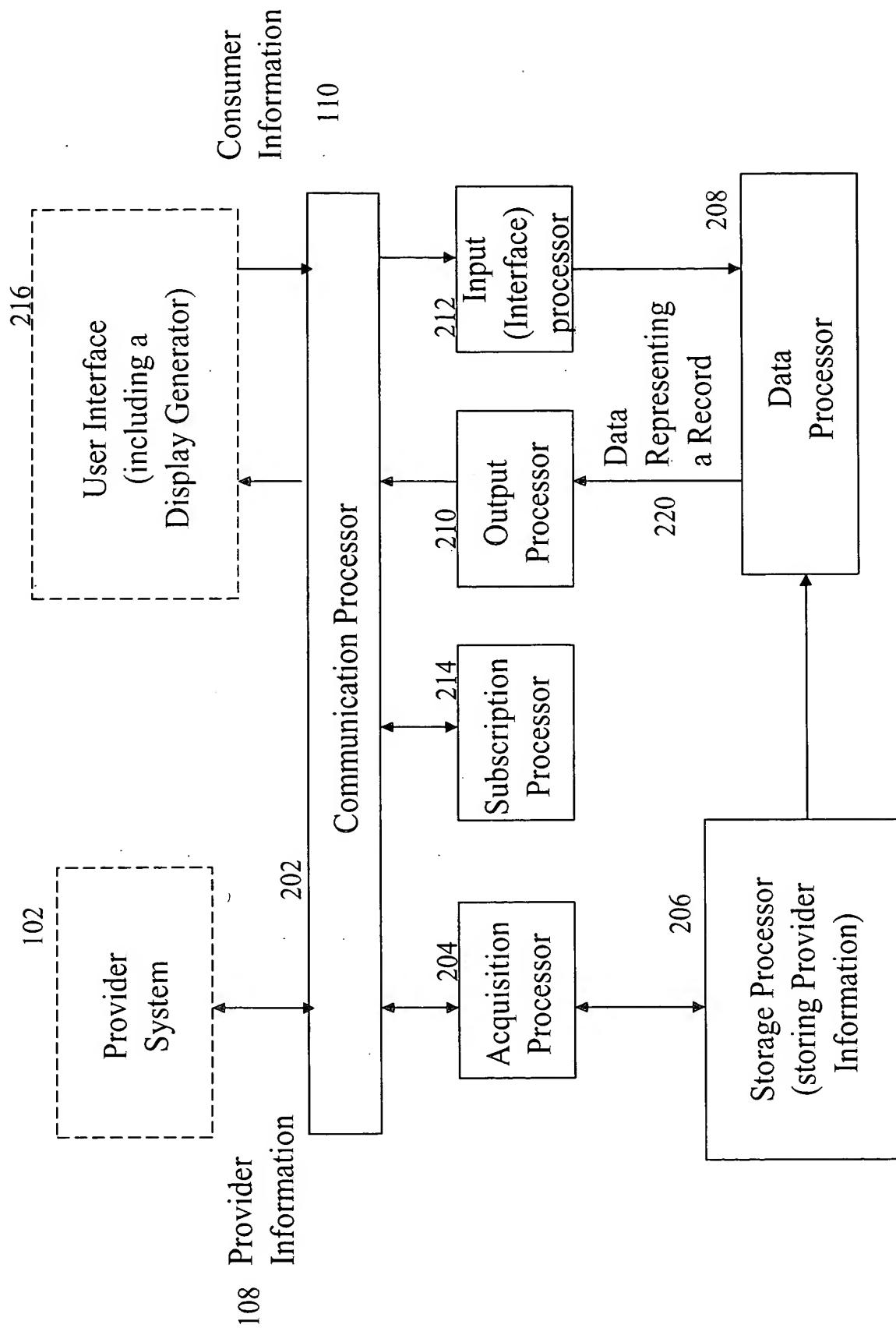
FIG. 1



104  
Consumer System

2/10

FIG. 2



3/10

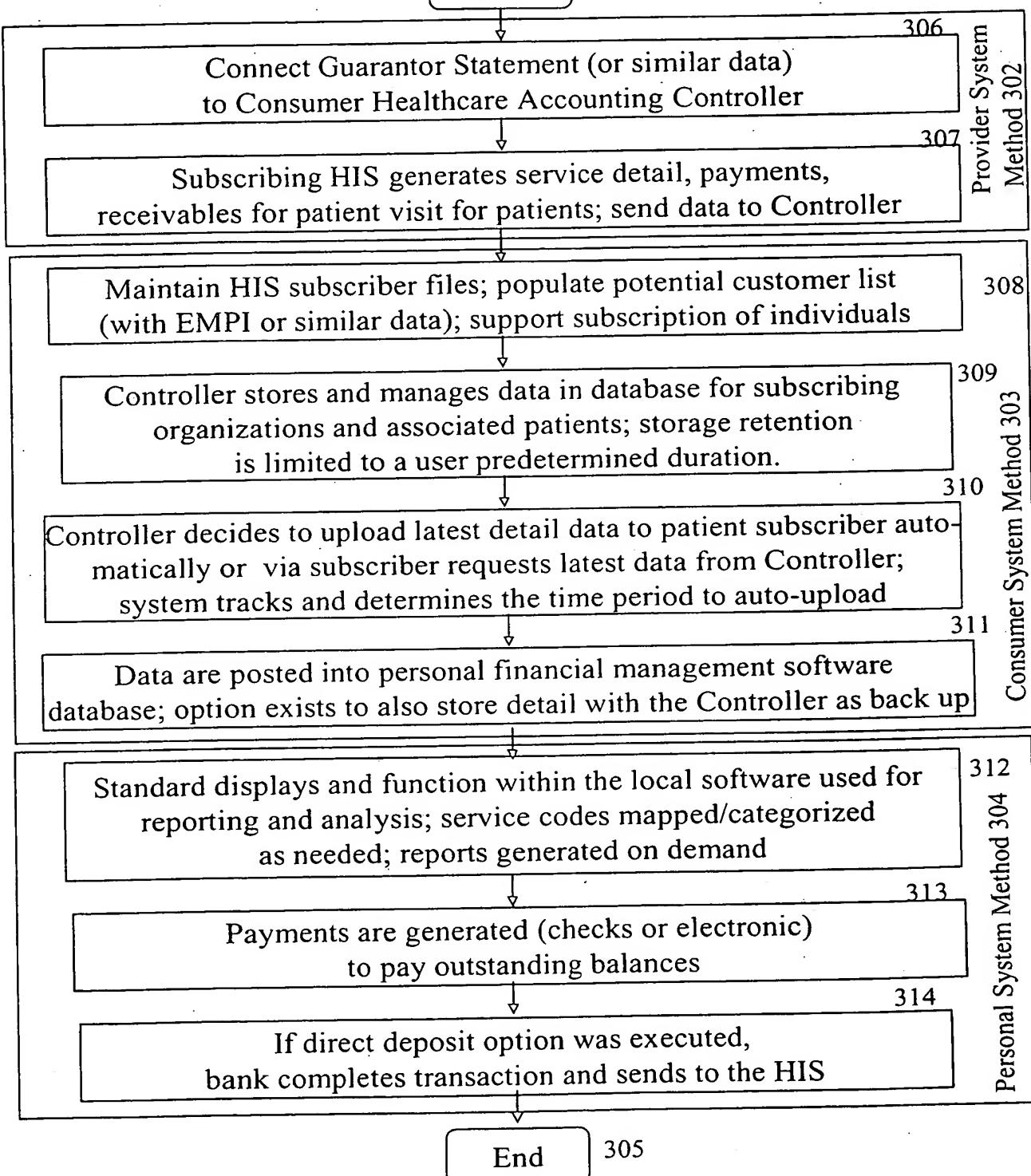
300

Personal and Healthcare Data  
Financial Management Method

301

FIG. 3

Start



Provider System  
Method 302

306

307

308

309

310

311

312

313

314

315

Consumer System Method 303

Personal System Method 304

305

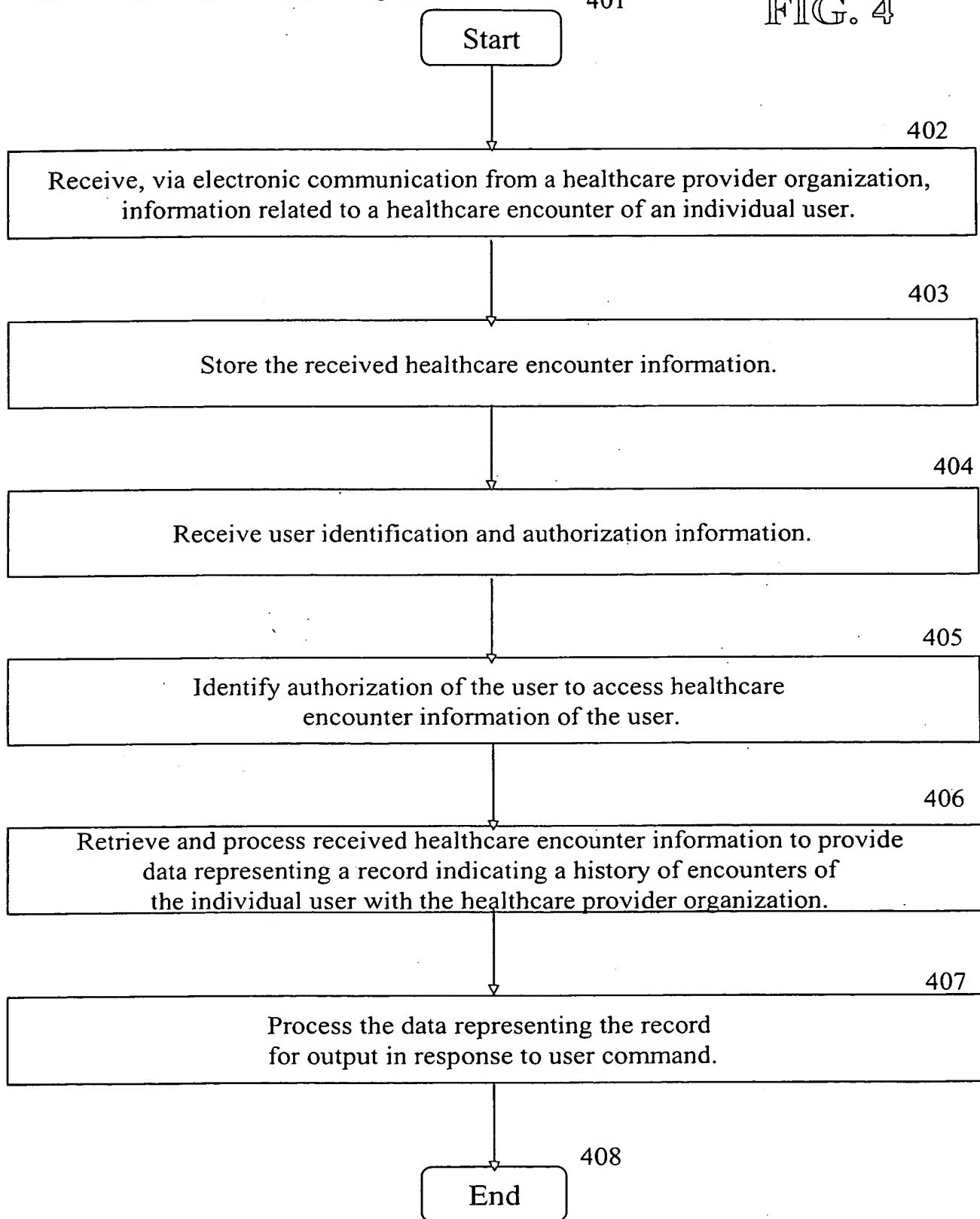
4/10

400

Personal Healthcare Accounting Method

401

FIG. 4



5/10

500  
Registration Window

Subscribe to Healthcare Financial Management Service

<p>Online Services</p> <p><u>Flexible Spending Account Mgmt</u></p> <p><u>Taxable Medical Payment</u></p> <p><u>Archiving Service</u></p> <p><u>Provider E-mail Connectivity</u></p> <p><u>Service-level detail</u></p>	<p>506</p> <p>507</p>	<p>Healthcare Provider Details</p> <p>Provider Name: Hospital A Address: Main Street City: Metropolis State: XX</p> <p>Supported Services: <u>Provider E-mail Connectivity</u> <u>Service-level Detail</u></p> <p>510</p>	<p>502</p> <p>504</p> <p>511</p> <p>512</p> <p>513</p> <p>514</p>	<p>My Healthcare Accounts</p> <p>Apply Encounter</p> <p>Medical Service Flexible Spending</p> <p>Banking</p> <p>Investing</p> <p>Taxes</p> <p>Reports Tax Summary</p> <p>Apply Now</p>
<p>Healthcare Provider Directory</p> <p><u>Hospital A</u></p> <p><u>Hospital B</u></p> <p><u>Physician A</u></p> <p><u>Physician B</u></p> <p><u>Clinic A</u></p> <p><u>Clinic B</u></p>	<p>508</p> <p>512</p>	<p>Supported Download Methods:</p> <p><u>Web Access</u></p> <p><u>File transfer</u></p>		

FIG. 5

6/10

600  
Encounter Financial Detail Window

Healthcare Financial Management Service						
Encounter Financial Detail						
Date	Provider	Visit Type	Insurance Company	Total Bill	Estimated Reimburse	Insurance Payment
Patient: Jane						
07/10/03	Hospital A	Outpatient	Payer X	\$ 1,000	\$ 900	\$ 100
06/28/03	Hospital A	Inpatient	Payer X	\$10,000	\$ 4,000	\$ 2,000
03/12/03	Physician W	Dental	Payer Y	\$ 320	\$ 250	\$ 70
02/23/03	Clinic B	Vision		\$ 400	\$ 200	\$ 200
Total				\$11,720	\$10,450	\$10,150
Patient: John						
02/23/03	Clinic D	Routine	Payer X	\$ 600	\$ 200	\$ 0
Total				\$ 600	\$ 200	\$ 0

FIG. 6

604

My Healthcare
Accounts
Apply
Encounter
Medical Service
Flexible Spending

502
602

Reports  
Tax Summary

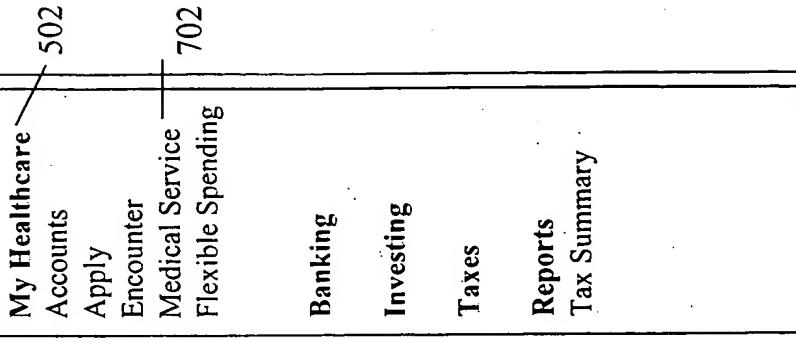
7/10

700  
Medical Service Detail Window

704

Healthcare Financial Management Service				
Medical Service Detail				
Service Date	Service Type	Service Code	Service Description	Service Amount
Patient: Jane				
Encounter: 06/28/03 Hospital A				
06/28/03	Emergency Room	10103	Supplies	\$ 50
06/28/03	Emergency Room	24537	Physician	\$ 900
06/28/03	Emergency Room	28438	X-ray	\$ 500
06/28/03	Emergency Room	64531	Medications	\$ 100
Encounter: 03/12/03 Dentist W				
03/12/03	Prophylaxis	38446	Cleaning	\$ 100
03/12/03	Prophylaxis	83636	X-ray	\$ 100

FIG. 7



8/10

800  
Flexible Spending Account Window

**FIG. 8**

Healthcare Financial Management Service					
<b>Flexible Spending Account Detail Activity</b>					
Service Date	Expense Type	Patient	Eligible Expenses	Amount Reimbursed	
11/22/03	Vision Care	Jane	400.00	400.00	
07/09/03	Drugs	Jane	250.00	200.00	
01/05/03	Dental	John	120.00	120.00	
<b>Flexible Spending Account Summary</b>					
Effective Date	Goal Amount	Current Payments	Year-To-Date Payments	Year-To-Date Contributions	Available Balance
2004	1000.00	0.00	0.00	166.00	1000.00
2003	1000.00	1000.00	1000.00	1000.00	0.00

804      802      802

806

My Healthcare  
Accounts  
Apply  
Encounter  
Medical Service  
Flexible Spending

Banking  
Investing  
Taxes

Reports  
Tax Summary

9/10

900  
Healthcare Encounter Tax Summary Window

Healthcare Financial Management Service

Healthcare Encounter Tax Summary					
Date	Provider	Visit Type	Insurance Company	Total Bill	Insurance Amount
Patient: Jane					
07/10/03	Hospital A	Outpatient	Payer X	\$ 1,000	\$ 900
06/28/03	Hospital A	Inpatient	Payer X	\$10,000	\$ 8,000
03/12/03	Physician W	Dental	Payer Y	\$ 320	\$ 250
02/23/03	Clinic B	Vision		\$ 400	\$ 0
Total				\$11,720	\$10,150
Patient: John					
02/23/03	Clinic D	Routine		\$ 600	\$ 200
Total				\$ 600	\$ 200

904

My Healthcare Accounts
Apply
Encounter
Medical Service
Flexible Spending
Banking
Investing
Taxes
Reports
Healthcare Tax Summary

902

10/10

**FIG. 10**

1000  
Paper Bill

1002 

1004      Attending Physician: Claus Soarian, MD  
Principal Diagnosis: 813.35  
Provider: Siemens Hospital  
Provider Tax ID: 99-2176963

1006

1008      Summary for: IP Inpatient Hospital 10/25/00 - 10/30/00

1010

Description	Amount (\$)
<b>CHARGES</b>	
Room Charge - Double (1 day at \$538.00)	538.00
Room Charge - Private (4 days at \$602.00)	1,204.00
Total Room/Bed Charges:	1,742.00
Medical Units	100.00
Operating Room	90.00
Anesthesia	80.00
Central Sterile	70.00
ICU/CCU	60.00
Emergency Room	50.00
Laboratory-Clinic	40.00
Cardiology-EKG	30.00
Total Ancillary Charges:	520.00
<b>PAYMENTS/ADJUSTMENTS</b>	
Total Medicare Payments	200.00
Total Medicare Adjustments	100.00
Balance:	\$1,962.00

1012      THIS IS NOT A BILL. For your reference, the above transactions are itemized. We have billed your insurance company (s) listed below. If your insurance coverage does not pay for these charges, you will be responsible for any remaining balance.  
Thank you for choosing LHS for your health care needs. Please call us at (570) 724-1750 or 1(800) 877-2455 if you have any questions.

1014      SOARIAN HOSPITAL  
P.O. BOX 999  
MALVERN PA 19335

1016      MARGARET PATIENTI  
APT. #5  
1935 MOTOR STREET  
DALLAS TX 75235  
0000001 1 SP 0.330 01

1018

Financial Coverages			
Priority	Plan Name	Policy number	Subscriber
1	Medicare	ZZ12345678	Thomas Patienti

Guarantor: Margaret Patienti